needs assessments, local government training teams and development of programming toolkits. The Fund must assume a central position in building the government knowledge and skills necessary to integrate gender and reproductive health dimensions into sectoral and local government planning, especially within the context of decentralization.

64. Population and development. UNFPA already plays a key upstream role in building capacity and commitment among government partners to take the lead in achieving MYFF population and development goal and outputs. Major efforts are being made to strengthen gender-disaggregated data collection, analysis and use in planning, monitoring and evaluation. An Arab region initiative includes the establishment of a comparable database for monitoring and evaluating gender mainstreaming. There is still a need for more gender-sensitive tools, indicators, and methodologies and for ensuring that greater awareness leads to interventions that bridge the gender gap, a jump that requires considerable political commitment to gender equality at all levels.

65. Gender. Capacity building for the goal of gender equality and women's empowerment and the output of increased information on gender issues requires special efforts among youth and men. UNFPA programmes are trying to reach these groups through the integration of reproductive health and gender issues into school and training curricula; initiatives to reach out-of-school youth and men in work and leisure environments, including the army, police, scouts, clubs and the private sector; and the development of appropriate IEC strategies to involve these groups. There is still a lot of progress to be made and a great need to share lessons learned.

Building and using an information and knowledge base

66. The new issues and approaches identified by the ICPD and reaffirmed in the ICPD+5 review challenge UNFPA and its partners to constantly acquire, update and share information and knowledge. The institutionalization of results-based management and the reinforcement of a learning culture within the Fund also require setting up communication and feedback loops; promoting the sharing of best practices and lessons learned; and establishing and strengthening mechanisms that allow for a more systematic approach to acquiring and disseminating information and knowledge horizontally as well as vertically and among a much wider range of partners. UNFPA has developed a prototype on-line database to share programming experiences, lessons learned, and best practices from and among country offices and CSTs. The creation of a Knowledge Sharing Branch within the Strategic Planning and Coordination Division as part of an organizational realignment indicates the importance that the Fund attaches to this area. The new branch will provide liaison with other knowledge-sharing centres in the international development community; act as principal focal point for externally produced information sources; collect, receive and disseminate substantive, technical and management information based on the Fund's experience; coordinate efforts to improve knowledge-sharing operations; and promote a knowledge-sharing culture across the Fund, including building staff capacity and communities of practice.

67. The Internet provides a powerful channel for all UNFPA staff and partners to participate actively in building this knowledge-sharing culture, and the managing for results survey (see section IV below) shows how country offices and CSTs are exploiting these opportunities. This area could still benefit from better connectivity; greater access by all staff and partners; more

strategic information management; and increased time and attention to sharing, feedback, and the exchange of ideas. To benefit from the potential of the Internet, the Fund plans to introduce some basic tools for managing the organization's information resources on-line and to facilitate teamwork through communities of practice that can blend the technical capacity in UNFPA with partners outside the organization. Given that field staff face very heavy demands, it is essential that such strategies and tools fit with the priority work of the field.

68. Reproductive health. In the pursuit of the reproductive health goal and outputs, UNFPA and national partners frequently lack the information necessary to monitor progress towards programme outputs. In 2000, countries tried to address this constraint by putting more resources into baseline and end-of-programme surveys, needs assessments and process documentation and by bridging data gaps through qualitative and participatory research as well as through the more sustainable long-term solution of strengthening national service statistics, but this remains an enormous challenge. These are important efforts but cannot replace a more systematic long-term investment in establishing baselines and monitoring progress from the beginning of programmes.

69. In some countries, there is still an inadequate understanding of the impact of social and cultural factors on reproductive health. Country programmes and the intercountry programme are responding by giving more support to qualitative sociocultural research, with an emphasis on abortion, HIV/AIDS, and harmful practices and other gender issues and by recognizing the need for more training in research analysis and utilization. UNFPA is supporting the use of research findings for IEC and advocacy strategy development, sexuality education, evaluation, and integrating gender concerns into policy and planning, but more needs to be done. Such research is essential for an improved environment for addressing practices harmful to women's health and for increased information on gender issues, both areas where country offices report the least success.

70. Population and development. To achieve and measure progress towards the population and development goal and outputs, UNFPA country offices in 2000 strengthened the provision of reliable national and regional data through support to population censuses and surveys. UNFPA supported census mapping, data collection, analysis and dissemination, with a focus on sex-disaggregated population data, and with a special effort in countries in transition. While UNFPA's own financial contribution was limited, the Fund did play a successful role in resource mobilization for census activities, especially in southern and eastern Africa. The intercountry programme supported United Nations regional economic and social commissions to strengthen capacity in Latin America, the Caribbean and West Asia and the Latin American and Caribbean Women's Health Network for a system of indicators to track ICPD progress in the region.

71. The risks are that these sources often rely heavily on external support and only provide periodic information at long intervals. They also provide mostly goal-level data and rarely cover crucial but difficult to capture information on sensitive reproductive health issues. These require more qualitative and participatory methodologies, with greater attention to the cultural context and to the economic and social costs of poor reproductive health. UNFPA supports universities and NGOs in their knowledge-building efforts, but these are often not in the mainstream of national data collection and analysis. More effort must be made to ensure the use of such research for policymaking and planning by government agencies.

72. Gender. In the context of the gender equality and women's empowerment goal and its output of increased information on gender issues, knowledge building is obviously of fundamental importance. Many countries, especially in Latin America, are investing in research on masculinities and male and adolescent attitudes to reproductive health and gender issues, and the results are being used to design culturally appropriate education and advocacy strategies.

Promoting, strengthening and coordinating partnerships

73. Reproductive health. The MYFF goals and the international development goals defined through United Nations conferences can only be achieved through stronger partnerships. UNFPA country offices in 2000 adopted a range of partnership strategies towards achieving the MYFF reproductive health goal and outputs. The implementation in many countries of health sector reform and the introduction of SWAps in health and education provide new opportunities for building and strengthening intra-governmental, civil society and donor partnerships within the context of coherent, Government-led programmes. UNFPA's contribution to these partnerships is clearly to strengthen its support for the integration of population issues, reproductive health and gender into health policy, plans and programmes.

74. Countries report that collaboration with bilateral and multilateral donors is growing in the area of reproductive health. In several countries, UNFPA leads donor groups on population, reproductive health and gender, especially concerning HIV/AIDS and adolescent health, and supports joint needs assessments, training, monitoring and evaluation. UNFPA also supports national IEC coordination committees and task forces and facilitates coalitions with women ministers, parliamentarians and the media on reproductive health and gender issues. Many country programmes draw on NGO expertise and resources for advocacy, knowledge and capacity building and to develop reproductive health coalitions. The intercountry programme supports networks on maternal mortality reduction in Latin America and on adolescents and youth in Latin America, the Arab States and Africa. UNFPA offices report increased interaction with the private sector, including private health practitioners and the business community, but much remains to be done, especially since in many low-income countries private spending by the poor exceeds spending by the state.

75. Population and development. In pursuit of the broader MYFF population and development goal and outputs, UNFPA continues to facilitate and lead partnerships to integrate population variables into national and sectoral planning, to establish reliable common databases, and to upgrade information systems.

76. Collaboration among United Nations agencies in the context of United Nations reform has been a primary focus in partnership development, and country offices are actively involved in the process. This includes the harmonization of programming cycles; participation in CCAs and elaboration of UNDAFs; and the establishment of joint guidelines and strategies to address priority development issues such as conflict resolution, common databases, adolescents, gender equality, health sector reform, and HIV/AIDS. Some countries are also moving towards joint programming, particularly in regards to HIV/AIDS, maternal mortality, adolescent reproductive health, and poverty. UNFPA country offices are also participating in other agencies' evaluations and are carrying out joint evaluations. Countries report active participation in United Nations thematic groups, with the Fund frequently assuming the leadership of the two most popular

groups, on gender and HIV/AIDS, especially in Africa. The many thematic groups impose heavy demands on small UNFPA offices, which need to remain focused and strategic in their involvement.

77. UNFPA country offices report varying degrees of involvement in the Poverty Reduction Strategy Papers (PRSPs) process facilitated by the World Bank and the International Monetary Fund, participating in the discussions and sometimes offering technical advice on population, gender and reproductive health. The Fund could use this opportunity to strengthen its contribution on these issues, which are at the root of poverty reduction.

Advocacy

78. Advocacy is both a priority programming area and a key MYFF strategy. Some countries integrate advocacy efforts into the other two priority areas, while others have freestanding advocacy subprogrammes, which in many cases include a gender equality and women's empowerment goal. Part I of the Executive Director's annual report for 2000 includes an in-depth study of advocacy, as one of the four MYFF strategies. The discussion in this section will limit itself to how advocacy as a strategy is being used to advance MYFF results, and what appear to be some conditions for success although – as with the other strategies – this can only be fully explored with the implementation of the MYFF.

79. Advocacy to achieve MYFF results is carried out at different levels: (a) programme advocacy, including support for a nationally driven agenda for policy dialogue and legal changes in health, education, and population and development sectoral plans; partnerships with civil society; and media advocacy in programme countries; and (b) global policy advocacy, which is driven by the need to maintain the momentum for the achievement of ICPD goals in the framework of other international development goals and United Nations and other sector-wide reforms as well as to mobilize resources and to highlight the role of UNFPA as a lead organization in implementing the ICPD Programme of Action.

80. Reproductive health. Advocacy is a key strategy in the achievement of the MYFF reproductive health goal and outputs in order to increase the policy and community support for reproductive health services and gender-responsive social norms for the attainment of reproductive health. UNFPA supports advocacy for the development and implementation of policies, strategies and action plans for ensuring high-quality, comprehensive and integrated reproductive health services beyond family planning and for ensuring that these services meet the needs of underserved groups, such as adolescents. Such advocacy also works towards reducing the barriers to the uptake of services and to women's health in general by engaging service providers, media gatekeepers, elected officials and policy makers. Obtaining the involvement and support of religious and community leaders, essentially men, has been one of the most successful strategies in improving the environment for women's health. An impressive array of initiatives has sensitized, trained, built knowledge and encouraged dialogue among religious leaders and organizations, building on shared values and developing appropriate materials. The positive results include the active engagement of such leaders and organizations in reproductive health and gender education and service provision and in the eradication of harmful practices. These efforts have not gone without opposition, but UNFPA has supported dialogue, bringing women's perspectives into the debate and encouraging a sharing of

perspectives and experiences across countries and regions. A review in 2000 of the Fund's programming in the area of culture, religion and reproductive health asked countries to compare actual and planned results and to extract the lessons learned for future programming. Lessons included the importance of an incremental and sustained approach in developing partnerships, sharing information and promoting dialogue and consensus building around shared priorities and values.

81. Population and development. Country offices undertake various advocacy activities to work towards achieving the MYFF population and development goal and outputs, including disseminating policy research; advocating with political leaders and parliamentarians; utilizing goodwill ambassadors; and establishing support networks to facilitate the integration of population factors into development policies. All countries report use of World Population Day, the *State of World Population* report launching, and other international events for direct ICPD advocacy. These permeate to the local level through extensive use of the media, provincial events, and national poster competitions. UNFPA provides support to the development of national IEC and advocacy strategies, gender policies and action plans. Advocacy both contributes to the achievement of MYFF outputs and goals and uses these outputs, including the increased availability of sex-disaggregated population-related data, for advocacy.

82. Gender. In the context of the MYFF gender goal and output, country offices use research on gender issues to assess the need for a revision of legal frameworks on gender-based violence and family codes and to develop effective advocacy campaigns with the military, police, peacekeeping forces, business managers, union leaders and male politicians. The 2000 *State of World Population* report raised public understanding and commitment on gender issues. Many countries report that a new focus on gender-based violence has been successful in raising interest and commitment, including among male leaders. Campaigns to address gender-based violence appear to be good entry-points, perhaps because they provide a simple illustration of what can appear to be complex gender issues, and they provide common ground among partners who may disagree on other reproductive health and rights issues. Southeast Asia and Latin America are particularly advanced in regional advocacy on violence against women.

83. With the shortfall in resources, many country offices report the need to develop extra advocacy initiatives to mobilize resources and to avoid reduction in programming. Some of these efforts have been successful in raising support from Governments and other donors.

Monitoring and evaluating strategies

84. In 2000, UNFPA developed detailed strategy frameworks for several priority thematic areas, including reproductive health commodity security, maternal mortality prevention, adolescent sexual and reproductive health, male involvement in sexual and reproductive health, and HIV/AIDS, as discussed earlier in this section. The definition of expected results and indicators, within the context of the MYFF framework, will facilitate the monitoring and evaluation of these strategies and strengthen the logical connection among outputs and goals, both weaknesses identified by previous evaluation studies. As these strategies are implemented, there will be a need for special thematic evaluations to examine what is working and not working, and why, as part of strengthening the culture of evaluation within the Fund. There were no organization-wide thematic evaluations in 2000 as the Fund decided to concentrate its limited

resources on strengthening the guidelines and tools necessary for such evaluations. In addition, the Fund carried out an analysis of mid-term reviews of country programmes, where a conscious effort is made to analyse programme performance focusing on results. A major priority is more consistent monitoring and evaluation of the success and lack of success of strategies in achieving results. The findings are presented in document DP/FPA/2001/8.

E. Data availability and accessibility

Data for monitoring goal indicators

85. Monitoring, evaluating and reporting on progress towards goals are dependent on the availability and accessibility of data. A major objective of the MYFF situation analysis was to assess the challenges confronted by countries and the future investments that will have to be made in data collection and analysis. Although monitoring and reporting at the goal level will draw on national and international data sources, constant improvement in the reliability and availability of these data will depend on investments at a country as well as a global level. The situation analysis asked countries to report on availability of data for MYFF goal indicators at the country level, including data sources, indicator values and periodicity (see table 14, annex 2).

86. The major findings are that goal-level data are dependent on very few sources; that there is a great variation in the availability and periodicity of these data; and that changes cannot and should not be measured over the short term. The situation analysis showed that country office surveys, especially demographic and health surveys (DHS), are the main data source for most Goal 1 indicators, with the exception of HIV prevalence, for which Governments and UNAIDS provide data and for which the least information is available. Only 40 countries reported that new DHS data would be available for 2003, the final year of the MYFF, illustrating the difficulty of capturing change over the medium term. Other sources included the UNFPA-supported Pan Arab Health Survey and its successor, the Pan Arab Family Survey, multi-country surveys that provided data on maternal health, family planning and sexual health.

87. Censuses and other official statistics are the principal sources for Goal 2 indicators, with 60 countries reporting that they will have new data by the year 2003. Governments, followed by UNDP, are the main sources of data for Goal 3 indicators, except for the proportion of women parliamentarians, where the international data are collected by the Inter-Parliamentary Union. Over 40 countries report that they will have new government data for Goal 3 indicators by 2003.

88. This review covers only UNFPA offices and thus does not show that agencies, even within the United Nations system, sometimes use different data sources, which sometimes results in different values for the same indicator. It does confirm that national data sources are often highly dependent on costly, externally funded data collection exercises. UNFPA has always played a leading role in strengthening population data, and this is still a priority for the Fund, as is shown by the MYFF outputs and strategies. The Fund's uncertain resource situation does, however, place constraints on its direct financial contribution to such efforts. UNFPA plays an important advocacy and coordinating role with other funding agencies in order to strengthen a collaborative approach to building local capacity in data collection, analysis and use. This must be a joint priority for all agencies that are pursuing the International Development Goals and the

Millenium Declaration Goals. The PARIS 21[35] initiative to build partnerships to strengthen country capacity, in the context of the PRSP and UNDAF, is a very welcome move in this direction. This must be reflected in country-level donor and government compacts to strengthen national information systems.

Data for monitoring output indicators

89. Data availability is also crucial for UNFPA in monitoring its own performance at the output level. The situation analysis reveals that, although there is a high level of recognition of MYFF outputs and indicators in country programme logframes, there is a severe lack of data for establishing baselines and monitoring change in these indicators (see table 15 in annex 2). In part, this is because logframes were retrofitted into existing programmes that had not identified indicators or checked for data availability, but it also reflects a system that has focused more on financial than programme monitoring and has been used for reporting on inputs and activities and not results. It also highlights the fact that while there has historically been a long investment in country-level demographic data, the new ICPD focus on gender and reproductive health at the programme level has not been accompanied by an investment in data collection systems. Sexual violence, abortion, obstetric fistulae, RTIs and adolescent sexuality are some of the sensitive issues that do not lend themselves to quantitative data gathering and analysis, demanding a new, more qualitative approach.

90. Even those countries that do have current data for their indicators often cannot report on an annual basis. Official and/or routine statistics are the main data source for most output indicators, and many records are incomplete, updated only irregularly, and with a long delay. It is essential to invest in improving these systems, as it is the most sustainable approach to data collection and analysis and is of direct benefit to countries themselves, rather than gathering project-related data that can only be used to monitor short-term projects. The most pressing challenge for all agencies is to build national capacity to establish viable information and management systems that do not place an undue burden on countries' limited resources. The Fund plans to integrate data collection and analysis for monitoring and evaluation into the design of new programmes and projects and to issue guidelines to ensure that indicators provide realistic measures of planned results. The need to have high-quality and comparable data available on a timely basis becomes more compelling as the move towards results-based management gains momentum in countries. The principal conclusion, however, is that it will take several years before all country programmes can build the necessary data systems to monitor progress at the output level. The design of country programmes beginning in 2002 must incorporate provisions for the establishment of baselines and regular monitoring of these baselines, at goal and output levels, and for building national capacity in this area.

F. Refinement of the MYFF results framework

91. The Executive Board requested the Executive Director (decision 2000/9) to continue to develop and refine the MYFF framework, based on experience during implementation. The major findings of the MYFF situation analysis are that the framework successfully captures the

[35] Partnerships in Statistics for Development in the 21st Century (PARIS 21), *A Better World for All: Progress Towards the International Development Goals* (Paris, 2000).

Fund's strategic direction at the overall level and that the outputs and indicators are the most common outputs of most UNFPA-supported country programmes.

92. The other goals, outputs and indicators being used by countries (tables 11-13, annex 2) represent an appropriate response to the diversity of countries but do not need to be reflected in the MYFF organizational results framework, which must remain concise and limited to major aspects of the Fund's programming. The development of many new country programmes in 2001 may identify new commonly shared outputs. The MYFF is a work in progress. The situation analysis findings suggest some recommendations for refinement. These recommendations, which also take into account feedback from UNFPA staff and partners, try to maintain the simplicity of the MYFF results framework, which has proved to be a great strength.

93. Goals. The situation analysis gave strong support to all three of the MYFF goals and confirmation of widespread use of the existing indicators. A quarter of countries identified other goals, but these are mostly advocacy interventions designed to create an enabling environment for reproductive health and gender equality. As such, they are strategies to achieve the MYFF goals.

94. Goal indicators. The analysis, and some evolution in the external environment, suggests that two indicators could possibly be considered for incorporation into the MYFF, one for Goal 1 and one for Goal 2. The first indicator, contraceptive prevalence rate (CPR) was initially excluded in the MYFF design in favour of the unmet need indicator proposed by ICPD+5. The fact that CPR is used by 35 countries (in addition to unmet need in 25 of these countries) and is included in the Fund's resource allocation system may be arguments for its inclusion in the framework.

95. Some countries use the proportion of the population living in poverty, an International Development Goal and Millenium Declaration Goal indicator for economic well-being, to demonstrate progress towards Goal 2, and this could possibly be incorporated into the MYFF. This indicator is closely correlated to the balance between population and development in that the poorest 20 per cent of the population in developing countries account for over a third of infant and child deaths: a poor mother in a poor country has the highest lifetime chance of dying in childbirth.

96. The total fertility rate, mentioned by 28 countries, has been traditionally used to monitor long-term changes in reproductive behaviour. However, its use may be too closely associated with the legacy of demographic targets, and it does not capture the reproductive health-related needs of specific groups, such as those of adolescents. Countries identified other indicators for the three goals but these have limitations, including low frequency and poor data sources, or are composite indices with components already included or not relevant to UNFPA's work.[36] (See table 11, annex 2.)

97. Outputs. The refinement of the outputs and their indicators calls for achieving a balance among those most commonly used, sometimes because they represent the traditional thrust of the

[36] The Human Development Index (HDI) measures average achievements in basic human development based on three indicators, longevity, educational attainment and standard of living. The Gender-related Development Index (GDI) uses the same indicators as the HDI but reflects variations between women and men.

Fund's programming, and those that point towards the direction that the Fund would like to move in the context of ICPD and ICPD+5. These need further discussion and reflection, especially as the Fund's programmes are also in a state of evolution. It is to be expected that the development of new country programmes, in the context of ICPD+5 and the MYFF, will further enhance the specification of results in UNFPA programmes. Given the diversity of situations in which the Fund works, UNFPA has chosen to include only the most commonly shared outputs and their indicators in the MYFF framework. The situation analysis confirmed that these were indeed more widely shared than any other outputs and indicators, with the exception of two of the alternative outputs for Goal 1, discussed below.

98. In addition to the MYFF outputs, many countries identified other outputs for each goal. The most frequently used alternative outputs for each goal are shown in table 12 (annex 2). These reflect the diversity of country situations in and among regions and UNFPA's attempts to respond appropriately to country priorities. The variation in these outputs and their indicators makes it difficult to propose additional or alternative outputs at this stage. The Fund will carry out an in-depth analysis of the database to extract typologies in these other outputs and indicators.

99. Output indicators. The MYFF output indicators are used more often than any other indicators proposed (table 13, annex 2). Alternatives for Goal 1 capture similar reproductive health priorities, including measuring the change in the number of adolescents using reproductive health services and components of quality of care. The various other indicators for monitoring an improved environment for women's health relate to particular programming contexts.[37]

100. Forty-three countries reported using other indicators to monitor progress in the alignment of national and sectoral development plans with the ICPD (Goal 2). The most frequently used of these indicators was the number of trainees in population and development and the number of sectoral plans integrating population and gender issues. An analysis shows that most of these indicators are variations of the MYFF indicator, although none of them include plans for updating. There is no strong agreement among alternative indicators cited for Goal 3: the most frequently cited is the number of political, religious and local leaders in support of reproductive health and gender equality.

101. The analysis revealed limitations in some MYFF output indicators, frequently the lack of data for regular monitoring. This is a weak point shared by all other proposed indicators, all of which were less frequently used than the MYFF output indicators. The indicators for the gender output are one of the weakest areas, and the Fund, in collaboration with country offices and other partners working towards this goal, will explore ways of strengthening this area as well as of developing indicators for gender mainstreaming.

102. Strategies. The situation analysis, which strongly confirmed the use of the four MYFF strategies, also gave countries the opportunity to cite other strategies. Very few were proposed:

[37] These include reported number of women survivors of violence; survivors receiving services at service delivery points; radio programmes on violence against women; trained service providers; minimum legal age at marriage; availability of statistical information on gender-based violence; and number of bills submitted to Parliament.

the most often mentioned is IEC. The tendency to incorporate IEC into the MYFF strategies may reflect the lack of a definite category for IEC within the MYFF framework. The treatment of behaviour change, which includes a research-based package of IEC and counselling interventions, as an additional MYFF strategy may require further inquiry and reflection. The operationalization of the new country programmes logframes and the implementation of the organization-wide thematic strategies developed in 2000 and their monitoring and evaluation will provide more detailed information as to how the strategies need to be adjusted to achieve planned results.

IV. MANAGING FOR RESULTS

103. UNFPA recognizes that achieving the MYFF results requires a comprehensive approach to improving programme and organizational management and to orienting and coordinating existing systems towards managing towards results, with a focus on strengthening country offices. This is an ambitious, long-term aim. The experience of other organizations suggests that this will take a minimum of four to five years.

104. The year 2000 provided the opportunity to identify the strengths and weaknesses facing the Fund and to build the foundations for strengthening results-based management. Following the approval of the MYFF, the Fund worked with a group of experts to conduct a participatory assessment on the institutionalization of RBM at UNFPA. The team recommended that institutionalization should make maximum use of existing resources and procedures and build on the institutional change process already under way. The main findings were that the implementation of the MYFF and RBM requires a process of cultural change within the organization, with strong leadership from senior management. While coordination is necessary at the highest level, all units should participate in and be made accountable for specific aspects of RBM functions. These functions include systems design, guidelines, and oversight; programme development and approval; analysis and learning; and external reporting. Specific priorities include strengthening results-oriented planning, monitoring, evaluation and reporting; better management of information for collective reporting and comparative analysis; greater sharing of knowledge and effective feedback of lessons learned; and building RBM capacity among staff and national partners. Recommendations were presented and discussed at the UNFPA Global Meeting in May 2000 and incorporated into an institutional realignment that included the integration of the Office for Results-Based Management into a new Strategic Planning and Coordination Division.

105. The institutionalization and mainstreaming of the MYFF and RBM were organizational priorities in 2000, and the development and adoption of a Fund-wide policy on RBM [38] affirm UNFPA's commitment to strengthening a results-based approach in all areas of its work. The policy emphasizes that RBM is fundamental if the Fund is to fulfill its mandate and to effectively provide assistance to developing countries. It states that managers will take the lead in ensuring that "RBM is everybody's business" at UNFPA and that they will be held accountable for results.

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[38] UNFPA, "Policy on Results-Based Management", circular UNFPA/CM/00/108, 14 December 2000.

106. In 2000, UNFPA conducted a managing for results survey to obtain information on programme, information, financial and human resource management at the country level and to establish the areas where it should prioritize its efforts to strengthen country offices. The findings from 72 countries are presented as part of the following overview.

107. Programme management. UNFPA is strengthening a results-based approach in all stages of programme management. The MYFF and RBM have emphasized the centrality of the logframe approach and of stakeholders' participation in programme planning and management. The survey indicates that more than half of the responding countries have developed monitoring plans based on these logframes. The situation analysis showed that there is still a critical need to strengthen the use of the logframe as a planning, monitoring and evaluation tool, including the selection and use of indicators and the establishment of baselines. This is a major priority in UNFPA's capacity-building strategy. All new country programmes approved in the period following the adoption of the MYFF have logframes and are developed in the context of the MYFF results framework while at the same time ensuring that programme design reflects country priorities.

108. In 2000, many country offices used critical programme stages such as the annual programme review and the mid-term review (MTR) to review their logframes. Half of the countries in the survey analysed planned against achieved results and indicators as part of the MTR. UNFPA recognizes that strong partnerships with national stakeholders, and their active involvement at all stages of the programming process, are critical factors in achieving results. The survey indicates that national partners' involvement is highest in the stages of problem analysis and logframe matrix development and less in programme monitoring and evaluation. If national partners are to own the programme, their full involvement throughout the process is essential.

109. The MYFF situation analysis provided the opportunity for country offices to familiarize themselves with the MYFF results framework and to review their own programme results, indicators, and strategies, and the situation with regard to availability of monitoring data. This increased country office awareness of the importance of identifying robust indicators, based on accessible and reliable data, to measure progress. Many country offices report problems with the availability, quality, reliability and periodicity of monitoring data at goal and output levels. Among the countries responding to the survey, 46 per cent reported that they had data for less than half of their indicators; a situation that prevails in 52 per cent of Category A countries. The countries in transition indicate that data are available, but not always reliable. These findings support the conclusion in section III, E, above that UNFPA must pay very close attention to data collection in future programme planning exercises, in collaboration with other partners.

110. To facilitate results-oriented monitoring, evaluation and reporting, the Fund has adapted existing guidelines and developed new tools that are widely available on the Fund's Intranet. The Fund is also developing a monitoring plan for the intercountry programme to facilitate regular review of progress in the context of the MYFF. New guidelines for annual reports for the year 2000 encouraged country offices and CSTs to focus on results, strategies used to achieve results, and lessons learned, and have improved the utility and comparability of the reports, although the quality of reporting is still uneven. Annual reports are available to all units through a shared database and provide a unique source of information on the status of UNFPA programmes, on

the strengths and weaknesses of UNFPA-supported interventions, and other aspects of country office management. These annual reports also provide a principal data source for reporting on progress towards MYFF results.

111. Office management. UNFPA has begun to integrate a results-based approach into many of its internal management procedures, including results-oriented office management plans, to facilitate a clear definition of responsibilities and accountability for essential functions. The office management plans are expected to further enhance the Fund's capacity to manage for results by providing managers with a comprehensive tool for planning and monitoring results and by facilitating the reporting of results achieved.

112. The survey shows that country offices are encouraging a team approach to make maximum use of each staff member's skills, interests and experiences, essential with such small offices. Two-thirds of country offices hold regular staff meetings to share information. There is a need to increase the involvement of administrative and support staff in the development of annual office management plans.

113. Information management and knowledge sharing. UNFPA's realignment and the introduction of RBM emphasize the need to improve communication and feedback among all UNFPA staff and partners. The survey indicates that many country offices share information with headquarters, CST and national counterparts through a variety of mechanisms including newsletters, databases, and Web pages. There is, however, little evidence of inter-office information sharing and feedback, which reflects a past focus on vertical, one-way reporting systems. Collectively, UNFPA staff have a significant body of knowledge and experience, and the challenge is to link this up so that this expertise can be more easily and cost effectively made available to countries. A networked organization can support country office staff through channeling high-quality input into national planning systems, while also maintaining an open environment for inter-country learning. The UNFPA Intranet has become an invaluable source of technical and other information, and many country offices report that they are using this interactive tool for programme and financial management. While most UNFPA field staff have easy access to information technology, several Category A countries still have difficulties in accessibility due to weak infrastructure or to conflict and emergency situations.

114. These findings indicate that the Fund needs to promote the mainstreaming of knowledge sharing if it is to become a learning organization. The new Knowledge Sharing Branch, within the Strategic Planning and Coordination Division, has been set up to coordinate the development of a systems' approach to support the exchange of substantive, operational and management information, experience, and knowledge within the Fund and to strengthen mechanisms to share lessons learned and best practices.

115. Financial resource management. An important part of UNFPA's realignment exercise has been increased attention to improving the Fund's resource mobilization function. Most country offices reported that the decline in core funds and reduced country expenditure ceilings in 2000 adversely affected the implementation of UNFPA programmes. Many of them took advantage of critical stages in the programme process to review resource utilization, and 65 per cent of the countries responding to the survey indicate that they analysed resources with regards to results during their last annual or mid-term review.

116. Windows-based versions of the UNFPA financial systems for field offices (UNIFOS) and the project review and management system (PRMS) have been installed in most of the country offices in 2000. While some countries are still experiencing difficulties with this new system, it is expected that this upgrading will facilitate financial monitoring through increasing staff access. The training of country office staff and national partners in UNFPA financial management systems will facilitate financial monitoring of UNFPA-executed funds and improve accountability. The development of a resource management system (RMS) to integrate information on programming and financial resources is currently still at the feasibility study stage due to a lack of resources.

117. Human resource management. The implementation of the MYFF and the mainstreaming of RBM provide a framework for working towards the achievement of common goals and should lead to increased accountability of UNFPA staff members themselves in achieving results. Staff capacity needs further strengthening to meet these expectations. Three quarters of country offices have capacity-building plans, which include on-the-job coaching and self-learning opportunities. Country offices still emphasize that small staff size is a major constraint for the successful implementation of UNFPA programmes and the achievement of results.

118. UNFPA has initiated the design of a results-oriented, competency-based system for human resource management that highlights core competencies, such as skills and knowledge, and personal and interpersonal qualities for the recruitment, placement and assessment of staff. The system reflects the Fund's commitment to engage staff in the achievement of the organization's results and to improve performance by strengthening a culture of results-oriented planning, monitoring and evaluation.

119. Capacity building in RBM. Over the last four years, UNFPA has prioritized building capacity in the development and use of the logframe approach, and the survey confirms that 63 per cent of programme staff in the countries responding to the survey had received logframe training at some point, rising to 70 per cent of the Category A countries. The content has evolved over the years as UNFPA has gained more experience in the use of the logframe, and lessons learned have been fed into subsequent training efforts. This has led to some variation among staff in the level of understanding of RBM, the MYFF and the logframe. In-country logframe training has been undertaken mainly in conjunction with the development of UNFPA-supported country programmes and subprogrammes. This approach has proved effective for building national capacity and ownership among partner agencies in the adoption of results-based programming.

120. In 2000, UNFPA initiated a Fund-wide strategy to build RBM capacity at all levels of the organization, with a phased approach aimed at ensuring minimum standards and consistency

among UNFPA staff. This approach includes the wide dissemination of MYFF and RBM information materials and the development of a core RBM module and facilitators' guide to orient all UNFPA staff. RBM training sessions were designed according to the specific needs of participants. These included five RBM orientation sessions for all professional staff at headquarters, two programme management workshops for field staff in Asia and eastern and southern Africa, and a workshop on the delivery of the core RBM module for CST Specialists. A total of over 150 staff members have been trained. CSTs play a key role in capacity building at the country level and also provide cross-sectoral inputs, transfer of knowledge and sharing of experiences and lessons learned among subregions. They have been crucial in training national partners in a strategic approach to programme planning, through the use of the logframe, and will be an essential resource in mainstreaming RBM at a country level. The Fund is also using cluster and regional meetings to further strengthen field staff's understanding of and commitment to RBM.

V. THE INTEGRATED RESOURCES FRAMEWORK

121. The achievement of ICPD and MYFF development results requires an adequate and stable resource base. The ICPD+5 review called for urgent action to renew and intensify efforts to meet the need for external resources required to implement the costed components[39] of the ICPD Programme of Action. It was agreed that $5.7 billion in international assistance would be needed for the year 2000, to gradually increase to $7.2 billion in 2015. Only about $2.1 billion a year is currently being made available. While official development assistance (ODA) increased overall from 1997 to 1999, the percentage devoted to population assistance decreased from 3.18 per cent in 1997 to 2.48 per cent in 1999.[40] Meanwhile, private foundations, including the Ford Foundation, the Bill and Melinda Gates Foundation, the William and Flora Hewlitt Foundation, and the United Nations Foundation, are playing an increasingly important role in supporting programmes to promote reproductive health and gender equality.

122. The Executive Board noted the MYFF funding scenarios presented in document DP/FPA/2000/6 as targets for UNFPA's resource mobilization efforts and encouraged all countries to assist UNFPA in reaching the figure projected in Scenario One of $1,434 million for regular and supplementary resources for the period 2000-2003.[41] The Executive Director planned the Fund's work for the current MYFF period on the basis of this scenario, while noting that it had not specifically been endorsed by an Executive Board decision. The Board encouraged the Fund to evaluate regularly the actual and projected resource situation and also encouraged all countries in a position to do so to increase their contributions to UNFPA. This section presents an update of the income projections, projected resource utilization, substantive focus of expenditures, resource mobilization plans and the consequences of a resource gap.

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[39] Family planning; other reproductive health services; STIs, including HIV/AIDS; and basic research, data and population and development policy analysis.

[40] UNFPA, *Financial Resource Flows for Population Activities in 1998* (New York, 2000). Figures for 1999 supplied by the Netherlands Interdisciplinary Demographic Institute

[41] Executive Board decision 2000/9.

A. Update to the income projection, 2000-2003

123. The lower than expected income for regular resources in 2000, compared to the average level of needs identified in the MYFF, is of great concern to the Fund. This situation will, if it continues, hamper the Fund's ability to implement country programmes and advance towards achieving the goals contained in the ICPD Programme of Action and the MYFF. The Executive Director currently projects UNFPA's income estimates from all resources during 2000-2003 at $1,372 million in comparison to $1,434 million in Scenario One (see table 5). This update is based on UNFPA's actual income for 2000 and projected income for 2001-2003. The cumulative amount of UNFPA funds is projected at $692 million for the first two years (2000-2001) of the current MYFF period.

Table 5 – Update to UNFPA income estimates for MYFF 2000-2003

YEARS	2000-2001 Actual/planned	2002-2003 Projected	2000-2003 Total	
	$M	$M	$M	%
REGULAR RESOURCES				
(1) Original estimate a/	568	726	1,294	100%
(2) Actual/updated estimate b/	531	540	1,071	83%
(3) Gap (2) – (1)	(37)	(186)	(223)	(17%)
OTHER RESOURCES				
(4) Original estimate	70	70	140	100%
(5) Actual/updated estimate b/	161	140	301	215%
(6) Gap (5) – (4)	91	70	161	115%
ALL RESOURCES				
(7) Original estimate (1) + (4)	638	796	1,434	100%
(8) Actual/updated estimate (2) + (5)	692	680	1,372	96%
(9) Gap (8) – (7)	54	(116)	(62)	(4%)

Notes: Figures may not add up to totals given due to rounding.
a/ See document DP/FPA/2000CRP.4, table 3.
b/ Actual for 2000, estimated for 2001-2003.

124. This income flow would represent 96 per cent of the resource mobilization target, a shortfall of $62 million in absolute terms. In this projection, however, the income from regular resources is estimated at only 83 per cent of the target, while income from other resources is estimated to exceed the MYFF framework by 115 per cent. In absolute terms, the shortfall in regular resources is forecast to be $223 million, more than three times that of the projected shortfall in total resources. While UNFPA core resources rose by around 4.5 per cent in 2000 compared to the previous year, the trend over the last five years has been negative. Over the period 1995-1999, annual core contributions have declined from $312.6 million to approximately $250 million.

B. Resource utilization, 2000-2001

125. UNFPA projects that 50 per cent of the resources available from the updated income estimate will be utilized for the first half (2000-2001) of the MYFF period (see table 6). It is also projected that one half (50 per cent) of the updated income estimates of regular resources for the entire MYFF period will be utilized during the first two years, 2000-2001. With regard to other resources, UNFPA projects 53 per cent of the updated income estimate will be utilized in the period 2000-2001.

Table 6. Resource utilization, 2000-2001			
Resources	Updated income estimate 2000-2003a/	Resource utilization 2000-2001 b/	
	$M	Actual/planned $M	Rate %
(1) Regular resources	1,071	531	50
(2) Other resources	301	161	53
(3) All resources (1) + (2)	1,372	692	50

Notes: Figures may not add up to totals given due to rounding.
a/ See Table 5, lines 2 and 5.
b/ Provisional for 2000 and planned for 2001.

126. In September 2000, the Executive Board reviewed the system of resource allocation and approved an updated country classification (decision 2000/19). The Executive Director allocates resources for country activities according to that decision and in a flexible manner, as specified in the decision. Based on this updated classification, the regular resource share of Category A countries is planned to reach 65.3 per cent for 2000-2001 (see table 7). It is expected that, with the development and approval of approximately 40 new country programmes in 2001, UNFPA will continue to increase the share for Category A countries during the MYFF 2000-2003 period towards the 67-69 per cent range indicated in the decision. The shares for the other priority groupings will be appropriately adjusted year by year to reach the target shares recommended by the Executive Board by 2005 when a further review of the resource allocation system will be undertaken. Category A countries, including the least developed countries, are those that are furthest from reaching the ICPD goals and are allocated the largest share of programme resources. The income situation has a direct effect on the Fund's allocation of resources to these countries and the ability of these countries to reach their reproductive health and population goals.

Table 7 – Status of implementation of country resources by country category, 2000-2001 Regular resources			
Country category a/	Decision shares b/	Actual/planned expenditures 2000-2001 c/	
		Amount	Share
	%	$M	%
A	67-69	169.0	65.3
B	19-21	54.0	20.9
C	7-9	20.8	8.0
T	3-4	10.5	4.1
O	1.5	4.6	1.8
Total	100	258.9	100.0

Notes: Figures may not add up to totals given due to rounding.
a/ Countries were classified in accordance with the resource allocation system updated in decision 2000/19.
b/ See decision 2000/19 and document DP/FPA/2000/14, table 5.
c/ Does not include amounts to be distributed.

C. Substantive focus

127. The substantive focus of the allocation of the Fund's regular resources is consonant with the MYFF goals. The shares of country regular resources allocated for 2000-2001 by programme area are shown in table 8. It should be noted that more than two thirds of these allocations were made for projects approved prior to the current MYFF period. The focus on reproductive health in UNFPA-supported programmes in all categories of countries is evident from the tables.

Table 8. Regular resources by programme area, 2000-2001
Actual/planned regular resources in percentage of each country category

Country category a/	Reproductive Health	Population and Development Strategies	Advocacy	Multi-sector activities	Total
	%	%	%	%	%
A	72	21	5	2	100
B	63	27	6	4	100
C	76	16	6	2	100
T	76	15	5	4	100
O	48	45	2	5	100
All categories	70	22	5	2	100

Note: Figures may not add up to totals given due to rounding.
a/ Countries were classified in accordance with the resource allocation system updated in decision 2000/19.

128. UNFPA uses a refined coding system to classify projects that allows, inter alia, resource breakdowns by programme area and functional category. The programme area and functional category classifications do not fully capture the MYFF results framework; however, they can serve as proxies for the goals and strategies of the MYFF. Almost one third of the allocations made for the period 2000-2001 from regular and other resources is for projects approved in 2000 or later. Analysis of these projects reveals the kind of new activities that are being initiated in country programmes since the approval of the MYFF.

129. Table 9 shows that support to reproductive health accounts for almost 70 per cent of the resources made available through newly approved projects. In terms of functional categories, the greatest investment is in capacity building, which receives about three fifths of UNFPA resources. Advocacy initiatives receive around 12 per cent, while research activities – which feed directly into building a knowledge base – receive about 7 per cent of resources. A comparison with table 8 shows that there has been an increase in the proportion of funds allocated to advocacy in new projects. Much organizational and global policy advocacy is also not reflected in financial allocations. While the current coding system indicates that some advocacy activities are specifically for gender equality and women's empowerment, it is not possible to report on the share of allocations for the MYFF gender goal, as the coding system

was designed prior to the development of the MYFF and gender activities are mainstreamed into the three programme areas. UNFPA will examine alternatives to capture resources expended under this component of the MYFF.

Table 9 - Shares of activities by programme area and by functional category, 2000-2001
As percentages of allocations from all resources for new projects

Functional Categories / Programme areas	Institutional capacity building and training	Advocacy	Research	Operational support	Total
Reproductive health	41.6	5.4	4.6	17.6	69.3
Population and development strategies	9.7	0.8	1.5	2.3	14.3
Advocacy	6.6	5.8	0.5	2.0	14.9
Multi-sector activities	1.5	0.0	0.0	0.0	1.5
Total	59.4	12.1	6.6	21.9	100.0

Note: Figures may not add up to the totals given due to rounding.

D. Resource mobilization

130. As indicated above, a significant gap is projected between the MYFF resource requirements as laid out in the MYFF funding scenario and the estimated resources, especially regular resources. UNFPA recognizes that it is imperative to close this gap in regular resources, and the decline in core funds has been accompanied by increased attention to resource mobilization at all levels of the organization.

131. UNFPA's resource mobilization strategy starts from the premise that UNFPA has a leading role in the implementation of the ICPD Programme of Action and the ICPD+5 recommendations, a role that builds on competence and long experience in the reproductive health and population fields. The Executive Director not only leads UNFPA, she is also the chief advocate and leader in the international effort to achieve ICPD goals. The fact that UNFPA has increased its donor base from 68 countries in 1999 to more than 100 countries in 2000 is a recognition of this leadership role. UNFPA has also actively sought to establish new partnerships at the field level. Of the country offices responding to the managing for results survey, 42 per cent had resource mobilization plans for the year 2000, and many others reported actively pursuing and raising additional programme resources.

E. Consequences of a resource gap

132. The gap between the projected quantum of resources that will become available for the MYFF period 2000-2003 and Scenario One in the MYFF requirements may amount to $223 million in terms of regular resources. A shortfall in actual contributions compared to planned resources will carry serious implications. Regular resources allow the Fund to address the MYFF goals and outputs in a consistent and programmed manner. The availability of other resources, while welcome and important, will also contribute to the realization of results in countries and at the organizational level, particularly in specific areas such as commodity security. On the other hand, non-core resources tend to be more ad hoc, temporary in nature and

aimed at specific purposes that may or may not coincide with the MYFF results. UNFPA will redouble resource mobilization efforts to try to ensure that such a shortfall does not affect the four-year MYFF plan.

133. It is instructive to consider the positive results that would accrue from a fully funded MYFF – by increasing regular resources by $223 million above what is estimated in this report as the probable funding level over the four-year period – in terms of the increased impact of UNFPA-supported programmes in terms of reproductive health. Using a methodology that it developed in the mid-1990s to look at the impact of resource shortfalls, UNFPA estimates that several positive outcomes could result if the resource gap is closed. Over the four-year MYFF period, 3.7 million fewer unwanted pregnancies might be expected if a level of resource mobilization equivalent to Scenario One were realized. Averted unwanted pregnancies would be the result of higher levels of access to and availability of reproductive health services and a substantial increase in the number of users of modern contraceptive methods.

134. A decrease in induced abortions would be another positive consequence of a fully funded MYFF. If the estimated resource gap can be eliminated, there would be about 1.5 million fewer induced abortions over the MYFF period. Furthermore, as many as 1.8 million fewer unwanted births could result from fully meeting the resource needs for implementing the MYFF. Given the high prevailing levels of maternal mortality in programme countries, averting these additional abortions and unwanted births would in turn lead to approximately 2,000 fewer maternal deaths. A lessened number of unwanted births would also lead to a reduced number of infant and child deaths. Making up the resource gap presently forecast would translate into reductions of about 115,000 infant deaths and 44,000 child deaths over the MYFF period.

VI. LESSONS LEARNED

A. Programming environment and partnerships

135. In many ways, the year 2000 did not provide an ideal environment for UNFPA programmes. The Fund's priority focus is on support to poorer countries and those that are furthest from ICPD goals. Heavy expenditure cuts, a cumulative consequence of past decline in UNFPA's income, in a context of rising population and increasing needs was a severe blow to programme countries. Despite efforts by country offices and partners to review and prioritize programme efforts, to identify activities with the highest impact and to reduce the reach of programmes, the reduction in funds inevitably lessened progress towards results. This experience emphasizes the urgent need for increased core resources with multi-year commitments if there is to be sustainability in programme efforts and credibility to the MYFF approach and if the results identified are to be achieved.

136. Partnerships at all levels are crucial to the achievement of the MYFF results and the implementation of RBM. These partnerships need to be developed in the context of national development plans and programmes and such emerging frameworks as the CCA, UNDAF, PRSPs and SWAps. In strengthening partnerships with other United Nations agencies in the context of UNDAF, more attention needs to be paid to the areas of overlap and synergy among the MYFFs of different United Nations agencies, the CCA and UNDAF, and other joint frameworks. It is particularly important for UNFPA to share its strategic vision with UNDP,

which maintains UNFPA's visible presence in countries where the Fund has no direct representation. There could be more dialogue and closer coordination, including joint capacity building, at the country level, around the efforts of individual agencies to institutionalize RBM.

137. The Fund has made a good start in building RBM capacity in programme and organizational management. The managing for results survey points to the critical need to strengthen the use of the logframe for monitoring and evaluation, including the selection and use of indicators. The Fund must build strategic programme planning, monitoring and evaluation capacity through integrating RBM into regular training activities and workshops; establishing a pool of RBM facilitators and mentors in headquarters and the field; and strengthening RBM in technical activities. The Fund must invest the required resources in these capacity-building efforts if it is to bring about the necessary cultural change within the organization.

B. Implementing the MYFF results framework

138. The MYFF situation analysis was a unique opportunity to obtain an empirical overview of the results pursued in the country offices, the indicators used to measure their achievement, and the strategies to achieve them. While providing an overall validation of the MYFF framework, it flags several issues that need urgent attention. Country programme logframes often do not formulate clear and concise results and indicators; data sources are lacking; and existing data are not always reliable, available or timely. The severe lack of output and goal-level data suggests that support to data collection and analysis level should be a Fund priority, in collaboration with other agencies.

139. The Fund has to remain flexible and responsive in its approach in order to meet priority needs in regions and in the countries appropriately, including in emergency situations. This means that the MYFF can capture the most common outputs of programmes but should not attempt to cover them all. The MYFF must remain a work in progress as new country programmes may identify new outputs to contribute to the MYFF goals. The new generation of country programmes, many of them scheduled to begin in 2002, will provide the first real opportunity to involve national partners in establishing baselines at the beginning of a programme and to set in place data systems necessary to monitor, evaluate and report on results. The Fund is committed to this approach but recognizes that it will take time to show results.

140. Building a results culture requires a clearer definition of strategies and monitoring indicators and evaluating results to see what works and does not work, and why, in order to adjust these strategies as necessary. Country offices recognize and use the MYFF strategies, but more attention must be paid to the logical connections among resources, strategies and results. The development of strategies around thematic areas must also link with the MYFF results framework and to clearly defined results and indicators. The strategies must be developed with the assurance that data are available for monitoring and evaluation. The Fund recognizes the need to further improve the use of monitoring indicators to measure results in country programmes and to strengthen an evaluation culture and accountability for results among UNFPA staff.

141. Countries are increasingly developing their own resource mobilization plans and targets and are becoming more successful in securing funds, especially when they work closely with

national partners as well as local donor representatives and receive headquarters support. UNFPA offices are also experiencing success in leveraging funds from other agencies towards meeting countries' population and reproductive health needs. This is an extremely important contribution to achieving MYFF goals, especially in the context of scarce resources. The small increase in core resources in 2000 has been accompanied by an increase in non-core resources often earmarked for support to certain thematic areas. While this supplementary funding is extremely welcome, the Fund must ensure that these resources are being used to contribute to MYFF goals.

142. The Fund must pay increased attention to building national ownership of the country programme and its results, involving national partners throughout the programme development and management process; building national capacity in data collection and analysis; and establishing mechanisms for better coordination among different subprogramme partners. This calls for the implementation of a comprehensive institutional capacity-building strategy, including training of UNFPA field staff, counterparts and key partners. The wealth of information and knowledge among country offices and national partners must be used to feed the knowledge back into improving programmes. Constraints posed by the small size of many UNFPA country offices must be addressed through increasing knowledge and skills of staff and by increasing efficiency and effectiveness.

143. The Fund has begun to focus on strengthening methodologies to link results and resources. This involves not only strengthening management information systems but also building linkages between programme and financial management and developing appropriate tools and instruments. The development of the resource management system at UNFPA will therefore be a priority.

VII. STRATEGIC CONSIDERATIONS FOR FUTURE IMPLEMENTATION OF THE MYFF

144. The MYFF situation analysis and the country office annual reports show wide agreement on the Fund's priorities and a shared recognition of the challenges in meeting them. A survey of the global development context and the programming environment give compelling reasons for investing in the results that UNFPA is trying to achieve. There has been a slow but clear recognition within the organization of the importance of RBM and the relevance of the MYFF. There is nevertheless room for continual improvement and adjustments based on a critical analysis of what works and what does not work, identifying and using lessons learned to constantly improve performance.

145. The Fund's priorities over the next year include the following:

(a) UNFPA will continue to pursue and develop its strategic focus in priority programme areas, including the availability and quality of reproductive health services as well as commodity security, maternal mortality and morbidity, adolescent sexual and reproductive health, HIV/AIDS prevention, reproductive health emergency provision, integrating population into development, and addressing gender-based violence;

(b) The Fund will pay special attention to strengthening an understanding of gender roles in sexual and reproductive health and to encouraging a greater involvement of men in

promoting gender equality, women's empowerment, sexual and reproductive health and addressing gender-based violence. The Fund will also improve tools for the appraisal and monitoring of gender mainstreaming in programmes;

(c) UNFPA will mainstream a results-based approach in programme management, including ensuring that new country programmes are built on logframes, developed with full stakeholder participation, and include data collection and analysis for establishing baselines, monitoring and reporting on results. The Fund will work to build an accountability culture at all levels to improve learning and performance and will strengthen programme evaluation mechanisms at global and country level in order to select and adjust strategies to achieve results;

(d) The Fund will work to strengthen a results-based approach in organizational management, including financial management and human resources management practice;

(e) UNFPA will make efforts to build understanding and capacity among all UNFPA staff, CSTs and national partners for the implementation of the MYFF and RBM. The Fund will carry out a review of country capacities and needs as part of the current transition process. This will take into account capacity-building needs to enable UNFPA country offices to participate fully in health sector reforms and CCA, UNDAF, PRSP and SWAp partnerships and to strengthen resource mobilization, programme and office management skills at the country level;

(f) The Fund will map organizational information needs in order to strengthen the sharing of information among country offices and with partners and to ensure a systematic information flow between country offices, CSTs and headquarters. Another aim will be to institutionalize feedback loops and the sharing of lessons learned within the context of building a knowledge-sharing culture within the organization;

(g) UNFPA will further explore ways to link programme results with resources, including designing and operationalizing a results-based resource management system. This will include efforts to capture gender equality and women's empowerment dimensions;

(h) The Fund will use its leading role in the population field to encourage and strengthen international donor collaboration in improving countries' capacities to collect and analyse data necessary for monitoring progress towards ICPD goals and ICPD+5 benchmarks;

(i) UNFPA would like to work more closely with the Executive Board in further strengthening the implementation of RBM and enhancing the relevance of the MYFF for UNFPA. One critical area, where much remains to be done, is the need for greater core resources.

Annex 1: MYFF Goals and Indicators, ICPD Programme of Action (PoA) and ICPD+5 Key Actions (KA) Benchmarks, and International Sources

Goals	Indicators	ICPD Programme of Action (PoA) and ICPD+5 Key Actions (KA) benchmarks	Sources *(sources for Table 1 are shown between parentheses)*
1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life.	(a) Unmet need for family planning	• PoA 7.16 "All countries should take steps to meet the family-planning needs of their population as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe an reliable family planning methods and to related RH services which are not against the law." • KA 58: "Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 percent by 2005, 75 percent by 2010 and 100 percent by 2050."	Surveys, including DHS, PAPCHILD, CPS and other national family and fertility studies *(DHS reports on DHS website – Feb 2001)*
	(b) Maternal mortality ratio	• PoA 8.21: "Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction by one half of the 1990 levels by the year 2000 and a further one half by 2015…Countries with intermediate levels of mortality should aim to achieve by the year 2005 a MMR below 100 per 100,000 live births and by the year 2015 a MMR below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a MMR below 125 per 100,000 live births and by 2015 a MMR below 75 per 100,000 live births."	WHO/UNFPA/ UNICEF working group *(Maternal Mortality in 1995: Estimates Developed by WHO and UNICEF, draft, 2000)*
	(c) Proportion of births assisted by skilled attendants	• KA 64: "In order to monitor progress towards the achievement of the ICPD goals for maternal mortality, countries should use the proportion of births assisted by skilled attendants as a benchmark indicator. By 2005, where the maternal mortality is very high, at least 40 percent of al births should be assisted by skilled attendants; by 2010 this figure should be at least 50 percent and by 2015, at least 60 percent. All countries should continue their efforts so that globally, by 2005, 80 percent of all births should be assisted by skilled attendants, by 2010, 85 percent and by 2015, 90 percent."	WHO *(World Health Statistics)*
	(d) Adolescent fertility rate	• PoA 7.46: "Countries…should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies." • KA 73: "Governments…should, as a priority, make every effort to implement the PoA in regard to adolescent sexual and reproductive health, in accordance with para 7.45 and 7.46 of PoA…"	UN Population Division *(World Population Monitoring, 2000)*
	(e) HIV prevalence in persons aged 15-24	• KA 70: "Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent."	UNAIDS *(Table of country-specific HIV/AIDS estimates, UNAIDS Website, June 2000)*
	(f) Infant mortality rate	• PoA 8.16: "Countries should strive to reduce their infant and under-five mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000…By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000..."	UN Population Division *(World Population Prospects: The 1998 Revision, 1999)*
Goals	**Indicators**	**ICPD Programme of Action (PoA) and ICPD+5 Key Actions (KA) benchmarks**	**Sources** *(sources for Table 1 are shown between parentheses)*
	(g) National commitment to monitor and redress gender-based violence	• PoA 7.39: "Active and open discussion of the need to protect women, youth and children from any abuses, including sexual abuse, …, must be encouraged and supported by educational programmes at both national and community levels. Governments should set the necessary conditions and procedures to encourage victims to report violations of their rights."	Country Office inquiries/administrative and legislative records

2) There is a balance between population dynamics and social and economic development.	(a) Life expectancy at birth by sex	• PoA 8.5: "Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years, and by 2015 a life expectancy at birth greater than 70 years. Efforts…should emphasize the reduction of morbidity and mortality differentials between males and females…"	UN Population Division *(World Population Prospects: The 1998 Revision, 1999)*
	(b) Annual population growth rate and total population growth rates	• PoA 6.3: "Recognizing that the ultimate goal is the improvement of the quality of life of present and future generations, the objective is to facilitate the demographic transition as soon as possible in countries where there is an imbalance between demographic rates and social, economic and environment goals, while fully respecting human rights." • KA 15(a): "Governments should intensify efforts to equip planners and decision makers with a better understanding of the relationships among population, poverty, gender inequity and inequality, health, education, the environment, financial and human resources, and development; and re-examine recent research concerning the relationships among reductions in fertility and economic growth and its equitable distribution."	UN Population Division (pop growth) - *(World Population Prospects: The 1998 Revision, 1999)* UNDP HDR (GNP per capita) – *(2000 World Development Indicators, World Bank Website, Feb 2001)*
3) Gender equality and empowerment of women are achieved.	(a) Gender gap in primary and secondary school enrolment levels	• PoA 11.8: "Countries should take affirmative steps to keep girls and adolescents in school…with a view to closing the gender gap in primary and secondary school education by the year 2005" • KA 34: "Governments…should, as quickly as possible, and in any case before 2015, meet the ICPD goal of achieving universal access to primary education; eliminate the gender gap in primary and secondary education by 2005; and strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90 percent, compared with an estimated 85 percent in 2000."	UNESCO *(State of the World Population, UNFPA 2000)*
	(b) Adult female literacy rate	• KA 35(c): "Governments…should reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990."	UNESCO *(State of the World Population, UNFPA 2000)*
	(c) Proportion of women parliamentarians	• PoA 4.4 (a): "Countries should act to empower women…by establishing mechanisms for women's equal participation and equitable representation at all levels of the political process and public life…" • KA 43: "Governments should establish mechanisms to accelerate women's equal participation and equitable representation at all levels of the political process and public life in each community and society...and ensure the full and equal participation of women in decision-making processes in all spheres of life."	Inter-Parliamentary Union *(Progress of the World's Women 2000, UNIFEM, 2000)*

Annex 2: Tables on indicators, outputs and strategies

Table 11 MYFF and other indicators as reported by countries for MYFF Goals

Table 12 MYFF and other outputs as reported by countries for MYFF Goals

Table 13 MYFF and other indicators as reported by countries for MYFF Outputs

Table 14 Number of responding countries with MYFF Goal indicators that provided data, year and source of data, and the year when next available

Table 15 Number of responding countries with MYFF Output indicators that provided data, year and source of data, and confirmed annual availability of data

Table 16 Proportion of countries using MYFF strategies according to goals and outputs

Table 11 – MYFF and other indicators as reported by countries for MYFF Goals *

Goals	MYFF Indicators	Other Indicators
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	(a) Unmet need for family planning (52) (b) Maternal mortality ratio (92) (c) Proportion of births assisted by skilled attendants (74) (d) Adolescent fertility rate (59) (e) HIV prevalence in persons aged 15-24 (47) (f) Infant mortality rate (87) (g) National mechanisms in place to monitor and reduce sexual violence (34)	• Contraceptive Prevalence Rate (35) • Total Fertility Rate (28) • Abortion rate (12) • STI prevalence (12) • Prenatal care (6) • Under-five mortality rate (5)
(2) There is a balance between population dynamics and social and economic development (94)	(a) Life expectancy at birth by sex (64) (b) Annual population growth and GNP per capita growth rates (40)	• Human Development Index (23) • Percentage of population below poverty level (11) • Percentage of public expenditures on health and education (5)
(3) Gender equality and empowerment of women are achieved (89)	(a1) Gender gap in enrolment rates at primary level (49) (a2) Gender gap in enrolment rates at secondary level (41) (b) Adult female literacy rate (46) (c) Proportion of women parliamentarians (37)	• Gender-related Development Index (9) • Percentage of women in labour force (4) • Age at marriage for girls (3)

* The numbers between parentheses are the number of countries reporting the goals and indicators.

Table 12 – MYFF and other Outputs as reported by countries for MYFF Goals*

GOALS	OUTPUTS
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	***MYFF Outputs*** (i) Increased availability of comprehensive RH services (92) (ii) Improved quality of RH services (83) (iii) Improved environment for addressing practices that are harmful to women's health (29)
	Other Outputs ➢ Increased availability of information, education and counselling (37) ➢ Strengthened institutional and technical capacities (35) ➢ Improved programme management (20) ➢ Increased awareness of RH (11) ➢ Improved knowledge, attitudes and behaviour (10) ➢ Increased capacity to mainstream gender in RH and population programmes (9) ➢ Increased demand for RH services (7) ➢ Increased support for reproductive health and reproductive rights (6)
(2) There is a balance between population dynamics and social and economic development (94)	***MYFF Outputs*** (i) National development plan and sectoral plans in line with ICPD PoA (71) (ii) Increased availability of sex-disaggregated population-related data (65)
	Other Outputs ➢ Increased capacity to collect, analyse and use population data (25) ➢ Increased capacity in gender-sensitive population and development planning (15) ➢ Formulation and implementation of population policies (14) ➢ Population variables integrated into development plans and programmes (6) ➢ Improved programme and policy monitoring (5)
(3) Gender equality and empowerment of women are achieved (89)	***MYFF Outputs*** (i) Increased information on gender issues (55)
	Other Outputs ➢ Strengthened institutional and legal frameworks for the promotion of women (15) ➢ Increased involvement and participation of men in RH (6)

* The numbers between parentheses are the number of countries reporting the goals and indicators.

Table 13 - MYFF and other indicators as reported by countries for MYFF Outputs*

Goals	MYFF Outputs	MYFF Output indicators	Other Output indicators
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	(i) Increased availability of comprehensive RH services (92)	(a) Percentage of SDPs offering at least three RH services (68) (b) Percentage of SDPs offering information, education, counselling and access to services to adolescents (56)	• Percentage of adolescents using RH services (11) • Percentage of community centres offering RH services (3) • Percentage of SDPs offering STI prevention services (2)
	(ii) Improved quality of RH services (83)	(a) Percentage of SDPs offering at least three modern methods of contraception (64) (b) Percentage of SDPs providing quality RH services in accordance with established protocols (53)	• Client satisfaction (11) • RH training (11) • RH services management (8) • Emergency Obstetric Care (5)
	(iii) Improved environment for addressing practices that are harmful to women's health (29)	(a) National policy in place to address harmful practices (24)	• Reported number of women victims of violence (3)
(2) There is a balance between population dynamics and social and economic development (94)	(i) National development plan and sectoral plans in line with ICPD PoA (71)	(a) Intersectoral mechanisms to review development and sectoral plans (43) (b) No. of training programmes on gender issues for government officials (29)	• No. of trainees in integration of population and development (20) • No. of sectoral plans integrating population and gender issues (14) • No. of research studies undertaken and used (6)
	(ii) Increased availability of sex-disaggregated population-related data (65)	(a) National database of sex-disaggregated population-related data, with plans to update at regular intervals (37)	• Data analysis (10) • Dissemination of data (5)
(3) Gender equality and empowerment of women are achieved (89)	(i) Increased information on gender issues (55)	(a1) Gender-sensitive RH curricula adopted in primary schools (28) (a2) Gender-sensitive RH curricula adopted in secondary schools (22)	• Political, religious and local leaders in support of gender concerns and RH (9) • Curricula with gender, RH and population issues (6) • Teachers trained (5)

* The numbers between parentheses are the number of countries reporting the goals, outputs and indicators.

Table 14 – Number of responding countries with MYFF Goal indicators that provided data, year and source of data, and the year when next available*					
A. GOAL	Indicators	Provided data	Provided year of data	Provided source of data	Provided year of next available data
All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	Unmet need for FP (52)	73	78	73	59
	Maternal mortality ratio (92)	107	107	99	73
	Proportion of births assisted by skilled attendants (74)	103	100	90	60
	Adolescent fertility rate (59)	86	84	76	50
	HIV prevalence in persons aged 15-24 (47)	47	58	57	41
	Infant mortality rate (87)	106	103	91	70
	National mechanisms to monitor and reduce sexual violence (34)	N/A	15	16	N/A
There is a balance between population dynamics and social and economic development (94).	Life expectancy at birth by sex (64)	111	108	100	67
	Annual population growth (66) and GNP per capita growth rates (44)	111 69	95 85	99 89	64 53
Gender equality and empowerment of women are achieved (89).	Gender gap in enrolment rates at the primary (49) and secondary levels (41)	97 76	91 76	83 67	59 50
	Adult female literacy rate (46)	93	87	82	50
	Proportion of women parliamentarians (37)	84	74	65	47
* The numbers between parentheses are the number of countries responding to goals and indicators.					

Table 15 - Number of responding countries with MYFF **Output indicators** that provided data, year and source data, and confirmed annual availability of data *

B. OUTPUT	Indicators	Provided data	Provided year of data	Provided source of data	Confirmed data available annually
Increased availability of comprehensive RH services (92)	Percentage of SDPs offering at least 3 RH services (68)	51	57	59	23
	Percentage of SDPs offering RH IEC and services to adolescents (56)	29	33	37	11
Improved quality of reproductive health services (83)	Percentage of SDPs offering at least 3 modern methods of contraception (64)	51	48	54	20
	Percentage of SDPs providing quality RH services (53)	24	24	34	16
Improved environment for women's health (29)	National policy in place to address harmful practices (24)	32	N/A	N/A	N/A
National development plan and sectoral plans in line with ICPD PoA (71)	Intersectoral mechanism to review development and sectoral plans (43)	42	N/A	N/A	N/A
	No. of govt. officials trained on gender issues (29)	25	16	18	6
Increased availability of sex-disaggregated population-related data (65)	National database of sex-disaggregated population-related data (37), with plans to update regularly (30)	33 17	N/A	N/A	N/A
Increased information on gender issues (55)	Percentage of prim. (28) and sec. schools (22) that adopted gender-sensitive RH curricula	12 12	11 11	14 14	4 5
	No. of information materials on gender issues targeted specifically to men (23)	6	6	10	5

* The numbers between parentheses are the number of countries responding to goals and indicators.

Table 16 – Proportion of countries using MYFF strategies according to goals and outputs

Strategies	*GOAL 1*			*GOAL 2*		*GOAL 3*
	Output 1	Output 2	Output 3	Output 4	Output 5	Output 6
	RH Availability	RH Quality	RH Environment	ICDP/ Plans	Data Availability	Gender Information
Advocacy	94.9 %	91.5	90.6	98.2	87.2	96.1
Capacity Building	98.8	98.7	81.2	81.2	95.9	96.1
Knowledge	90.1	94.7	78.8	78.8	98.3	90.1
Partnerships	100.0	94.4	81.8	81.8	87.5	93.5

Annex 3: Note on methodology

1. The principal data sources for this report were the MYFF situation analysis, annual reports for 2000 of UNFPA country offices and Country Technical Services Teams (CSTs) and a managing for results survey.

MYFF situation analysis

2. The MYFF situation analysis questionnaire was designed to: (a) ensure a correct mapping of MYFF results, indicators and strategies at the country level; (b) gather information on other results, indicators and strategies currently used in countries; (c) establish data sources, values, availability and periodicity; and (d) feed into a database for monitoring change. A technical note ensured a common understanding of terms used in the questionnaire, which was sent to 143 country offices with UNFPA-supported programmes and activities. Responses were received from 123 countries (86 per cent), with the highest response rates from Category A and B countries (85 per cent), followed by Category C countries (83 per cent). Data were entered into a database organized by goals, outputs, indicators and strategies. A frequency analysis was made by goals, outputs, indicators and strategies, with further analysis by region and country category.

3. The countries themselves determined if they shared MYFF results, indicators and strategies. Nevertheless, distortions in the findings are possible, due to the following factors:

4. Results data. Many countries provided information on data sources, date and future availability for goal indicators, even when these were not included in their programmes. The data sources seem to be consistent, but the variation in the dates of data collection make it difficult to compare data. In this report, international sources are used for goal indicators for comparability. The incomplete data set on output indicators and the uneven data availability among regions posed difficulties for comparative analysis. There is no attempt to aggregate the output data at the regional or organizational levels, as any movement in the indicators in a few large countries may distort the picture and bias the analysis. Ten countries in the Pacific [42] and 12 countries in the Caribbean [43] share the results and strategies formulated in two subregional programmes. These may contribute to an overrepresentation of certain results and indicators.

5. Qualitative judgements. Some countries have complex results statements that include more than one UNFPA programme area. It required careful analysis to determine if these statements

[42] Cook Islands, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Federated States of Micronesia, Tonga, Tuvalu and Vanuatu are included in one Pacific subregional programme.

[43] Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago are included in one Caribbean subregional programme.

corresponded to MYFF results. The diversity of non-MYFF outputs and indicators posed a challenge in categorization. Qualitative judgements may lead to biases in their frequency. Computer-generated frequencies based on word and character recognition helped to reduce the level of subjective bias. Also, a review by at least two analysts provided some degree of consistency. A more in-depth analysis of the database will be conducted to feed back into programming tools and guidelines to support country offices in results and indicator selection.

6. Quality of reporting. Several countries reported MYFF results in their programmes but commented that their logframes are not operational because they were retrofitted into existing programmes that had not determined data availability for indicators. Cross-checking of data with country offices and with UNFPA Geographic Divisions improved the quality of the information obtained.

Country office and CST annual reports

7. New guidelines for 2000 annual reports requested Country Office and CSTs to assess results achieved, analyse programme and office performance vis-à-vis planned results for the year, provide information on how they were managing for results, and to share country and regional trends affecting population, reproductive health and gender issues. The establishment of an Intranet database for reports allowed easy access to and use by all staff. Information from these reports is used in the MYFF report to complement quantitative findings from the situation analysis. There was a definite improvement in the consistency of report presentation and a stronger focus on changes brought about in countries, rather than on inputs provided. There was, nevertheless, uneven quality in the reporting on results and strategies.

Managing for results survey

8. A managing for results questionnaire was distributed to all country offices with the 2000 annual report guidelines. This survey included selected questions on programme, financial resources, information, and human resources management. Seventy-two country offices reported on efforts and progress in refining and operationalizing the logframe with national counterparts; using indicators for programme monitoring and evaluation; using evaluation findings to improve programme design and performance; improving financial management; sharing knowledge with staff and stakeholders; mobilizing resources; building staff capacity; and team management.

9. A preliminary analysis of the survey is included in this report. The survey was designed to minimize subjective assessments, but there is a tendency to respond with what is perceived to be best practice. This self-reporting may skew the findings and will need to be counterbalanced by independent evaluations. The data will be further analysed and will constitute baseline information for the ongoing transition process in UNFPA.

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